

# Chronicle...



## SCHOOL HEALTH CHRONICLE

Rhode Island Department of Education \*\*\* Rhode Island Department of Health

### Healthy Schools! Healthy Kids! Update

By Linda Nightingale Greenwood, RIDE

Healthy Schools! Healthy Kids! (HS! HK!), Rhode Island's Coordinated School Health Program (CSHP), has been funded by the US Centers for Disease Control and Prevention (CDC) since 1994. HS! HK! follows the CDC's eight-component model (see graphic). The RI Departments of Education and Health (RIDE and HEALTH) as well as a myriad of other state, community and school partners have been making progress building infrastructure for the development



and institutionalization of CSHP. By ensuring the inclusion of CSHP in Rhode Island's school reform agenda, progress has been made in reducing barriers for students, so that health and academic performance can be enhanced.

The current work of HS! HK! includes a number of exciting initiatives—both new and continuing. Most recently, the HS! HK! e-Academy was launched, providing on-line professional development opportunities to RI health educators. The HIV/teen pregnancy unit has been piloted with wide interest and enthusiasm. Units on tobacco, physical education, nutrition, and other topics will be rolled out over the next year (See p. 6).

We have just released a report on the 2003 Youth Risk Behavior Survey (YRBS). Because of broad participation by schools and districts, we have been successful in getting weighted data samples in the last few surveys, allowing us to analyze trend data in risk areas for Rhode Island students in grades 9 through 12. We are hopeful that ongoing broad participation will allow us to continue these analyses in 2005 (See p. 7).

Rhode Island was selected by the CDC to participate in an evaluation with ETR Associates of nutrition environments and competitive food offerings in schools. This study will provide important information for schools and policymakers to help improve the nutrition of students and reduce childhood obesity. Results will be available soon.

Two publications on Character Education and Social & Emotional Learning have been developed and will be disseminated soon. A handbook, *Improving Academic Achievement through Social and Emotional Learning*, will be sent to all RI schools, while the *Higher Education Faculty Resource Guide* is being disseminated to teacher-training colleges and universities (See p. 7).

Finally, we are extremely pleased to announce a new role in HS! HK! for Jan Mermin. Jan assumed the position of Health Education Specialist at RIDE in October 2004, after having served as Youth Development Specialist at HEALTH. Jan has been



Jan Mermin, Health Ed Specialist

busily moving forward with a number of projects, particularly the on-line professional development programs. We know that his contributions to RI educators, schools and students will be significant. Jan can be reached at 222-4600 x2368 or at jan.mermin@ride.ri.gov. He looks forward to hearing from you.

Spring 2005

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#### Upcoming Events:

May is Healthy Schools! Healthy Kids! Month



HS! HK! Recognition Awards

May 24, 2005  
3:30 pm  
RI State House  
Contact Marj at  
222-4600 x2366

#### RI Healthy Schools Coalition

"Making the Connection" Breakfast  
Sept. 29, 2005  
Details TBD



## Child Nutrition And WIC Reauthorization Act Of 2004

*By Kathy Kendall, RIDE*

Every four or five years, Congress revisits the laws that govern the school meals programs and uses the reauthorization process to implement changes. Existing laws are reviewed along with the legislative history and past testimony. Congress went through this process again in 2004 and passed the Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265). Issues addressed were program access, healthy school environment and program integrity.

More than 20 new rules will result from the Act that covers the National School Lunch, School Breakfast, After School Snack, Child and Adult Care Food, Special Milk, and the Summer Food Service Programs. These rules will go into effect at different times. Some started in July 1, 2004 while others may not go into effect until 2008.

Some of the key items in the new regu-

lations include:

- prohibiting restrictions on sale of fluid milk products on school premises or during school events;
- verification of meal applications;
- certification for free meals for runaway, migrant or homeless youth; and
- mandatory food safety inspections (two per year) in all schools, with schools being required to post the most recent report and make it available upon request.

RIDE will notify Child Nutrition Program sponsors with details, as Washington issues additional guidance. RIDE nutrition and finance staff have already begun offering training on

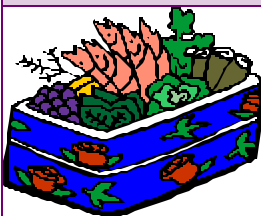
regulatory changes with school food authorities, local educational authorities and other program sponsors, to help ensure that all new regulations and changes are in place by the required times established by the USDA.

The Child Nutrition & WIC Reauthorization Act of 2004 is online:

[www.fns.usda.gov/cnd/Governance/Legislation/PL\\_108-265.pdf](http://www.fns.usda.gov/cnd/Governance/Legislation/PL_108-265.pdf)

## Summer Food Service Program In Rhode Island

*By Stephen Carey, RIDE*



**The need for good nutrition never ends.** The Summer Food Service Program (SFSP) provides nutritious meals to children during the long summer vacation. The SFSP was created to ensure that children in low-income areas receive healthy meals outside of the school year, when they do not have access to school breakfast, lunch or after-school snacks.

This past summer, 14 organizations were program sponsors and served over 142,000 breakfasts and nearly 296,500 lunches to an average of 13,399 participants per day.

Schools, camps, private nonprofit organizations, and local governments can sponsor a summer meal program. To find out if your organization can become a sponsor, or to find out if there will be a program near you, please contact Stephen Carey at 222-4600 x2019 or [Stephen.Carey@ride.ri.gov](mailto:Stephen.Carey@ride.ri.gov).

## RI Educates National Specialists on Food-Safe Schools

*By Elizabeth Bugden, Kids First*

Elizabeth Bugden, RI School Food Safety Specialist and Solange Morrisette, Pawtucket Food Service Director presented the RI Model Food-Safe School Program to educators and health specialists at the Centers for Disease Control and Prevention November 2004 Coordinated School Health Funded Partners Meeting held in Washington DC.

Two Food-Safe School skill-building sessions were conducted for participants, who quickly realized that their schools are not doing enough to prevent foodborne illness. A team approach with an administrator, a school nurse, teachers, and the foodservice director has been the key to success with the RI program. The whole school community becomes aware of the four principles of food safety –

1. **Cook,**
2. **Chill,**
3. **Clean,** and
4. **Prevent Cross-Contamination**

– and takes steps to prevent disease.

The team writes policies to be approved by the school committee, develops a crisis communication plan outlining what to do in case of a food-borne illness outbreak, and determines ways to educate teachers, students, staff, and families.

The CDC will publish *Food-Safe School Action Guide* this summer for all schools in the nation. There are now 26 schools in the RI Food-Safe School Program. If your school wants to participate, please call Elizabeth Bugden at 751-4503.





## Model District Policy Language on Nutrition & Physical Activity

By Dorothy Brayley, Kids First; Chair of the Rhode Island Healthy Schools Coalition



The Rhode Island Healthy Schools Coalition has developed model policy language to help Rhode Island school district leaders make their nutrition and physical activity improvements more sustainable. The Development Committee included Arthur Campbell, Executive Director of RI School Superintendents Association and John Golden, Executive Director of RI Association of School Principals. The final draft was completed and fully endorsed by Coalition members in August, 2004. For a copy of the model

Available  
Now!

policy or the companion document, *Nutrition Guidelines for School Vending and A La Carte Foods*, please contact Dorothy Brayley, Coalition Chair, at Kids First at kids1st@gis.net or 751-4503. You can also download them from the Coalition's web-site at [www.actionforhealthykids.org](http://www.actionforhealthykids.org) (click on "State Teams," then click "Find a State Team," and select RI).

### A Message From the Developers:

Arthur Campbell, Executive Director, RI School Superintendents Association

John Golden, Executive Director, RI Association of School Principals

"This model policy is not intended to be the final word on the subject of healthy schools and is not offered as a 'take it or leave it' proposition. It is our expectation that the model policy will be used by school districts in RI as a framework that will help members of every school community to identify the issues that need to be discussed. It is possible that those discussions will result in district policies that differ from our model, and it is likely that there will be variations in the policies developed in the various school districts.

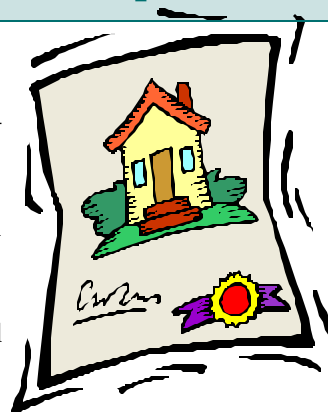
"We are not as concerned with the variations in the finished products as we are with the processes used by school communities as they develop their policies. In the end, if districts adopt our model policy language in its entirety without discussion or without debate, we will have accomplished very little. On the other hand, if the model policy is openly and publicly debated, if it informs the public discussion and maybe even inspires a little public controversy, we will consider it a success."

## District Wellness Policies with Broad Input Will Be Required

### Section 204 of the Child Nutrition and WIC Reauthorization Act of 2004:

"(a) IN GENERAL Not later than the first day of the school year beginning after June 30, 2006, each local education agency participating in a program authorized by the Richard B. Russell National School Lunch Act of 1966, shall establish a local school wellness policy for schools under the local educational agency that at a minimum—

- 1) Includes goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness;
- 2) Includes nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting student health and reducing childhood obesity;
- 3) Provides an assurance that guidelines for reimbursable school meals are not less restrictive than regulations and guidance issued by the Secretary;
- 4) Establishes a plan for measuring implementation of the local wellness policy, including designation of one or more persons within the local educational agency or at each school, charged with operational responsibility for ensuring that the school meets the local wellness policy;
- 5) Involves parents, students, and representatives of the school food authority, the school board, school administrators, and the public in development of the local wellness policy."

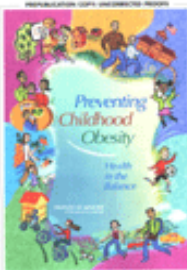


RIDE staff will continue to provide updates, as the US Department of Agriculture, the US Department of Education, and the Centers for Disease Control issue guidance. The USDA provides information, implementation suggestions, model policies, and other resources for implementing this requirement at [www.fns.usda.gov/tn/Healthy/wellnesspolicy.html](http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html). The National Alliance for Nutrition and Activity provides additional information and model policies at [www.schoolwellnesspolicies.org](http://www.schoolwellnesspolicies.org).



## Two Publications Focus on Childhood Obesity & the Role of Schools

By Jan Mermin, RIDE



IOM Report

### The Rates and Costs of Obesity are Increasing Dramatically

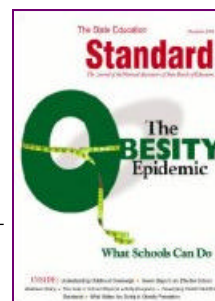
According to a new report by the Institute of Medicine (IOM), *Preventing Childhood Obesity: Health in the Balance*, since the 1970s, the prevalence of obesity in the United States has more than doubled for children ages two to five and 12 to 19. It has more than tripled for children ages six to 11. Currently, about nine million children in the United States are obese. Obese children are at risk for a variety of serious physical, social, and health problems. For example, in 2000 an estimated 30 percent of boys and 40 percent of girls born in the US were at risk of developing type two diabetes. In addition, approximately 60 percent of obese children ages five to ten have at least one risk factor for cardiovascular disease. Nationally, obesity-related healthcare costs exceed \$100 billion annually.

### A National Action Plan Involves Everyone

As a result, policymakers now rank the obesity epidemic as a critical health threat. Commissioned by Congress, the Institute of Medicine developed a coordinated, national action plan to help prevent obesity among children and youth. Families, schools, government, communities, health care professionals, industry, and the media all have roles. *Preventing Childhood Obesity* frames the issue for each of these sectors of society and provides specific recommendations for each. The report and complementary fact sheets for each sector are available by calling 1-202-334-2352 or by downloading from [www.iom.edu/focuson.asp?id=22593](http://www.iom.edu/focuson.asp?id=22593).

### Obesity is Preventable; Schools Play an Important Role

The National Association of State Boards of Education has also devoted an entire issue of *The State Education Standard* to the role of schools in addressing the obesity epidemic. Articles address how through the coordinated school health model, school policies, physical education, vending machines, nutrition and physical activity programs schools can promote lifelong physical activity and nutrition in students.



NASBE Journal

#### "Schools should provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity."

- ⇒ "Develop and implement nutritional standards for all competitive foods and beverages sold or served in schools.
- ⇒ Ensure that all school meals meet the Dietary Guidelines for Americans.
- ⇒ Ensure that all children and youth participate in a minimum of 30 minutes of moderate to vigorous physical activity during the school day, including expanded opportunities for physical activity through classes, sports programs, clubs, lessons, after-school and community use of school facilities, and walking- and biking-to-school programs.
- ⇒ Enhance school health curricula (including developing innovative approaches to teaching and staffing) and the use of school health services for obesity prevention efforts.
- ⇒ Ensure that schools are as advertising-free as possible.
- ⇒ Conduct annual assessments of students' weight, height, and body mass index and make that information available to parents.
- ⇒ Assess school policies and practices related to nutrition, physical activity, and obesity prevention."

From Institute of Medicine. 2004. "Fact Sheet: Schools Can Play a Role in Preventing Childhood Obesity." [www.iom.edu/Object.File/Master/22/615/0.pdf](http://www.iom.edu/Object.File/Master/22/615/0.pdf)

#### "Most important, schools can adopt and maintain healthy eating and physical activity behaviors."

- ⇒ "Address the physical activity and nutrition through a Coordinated School Health Program (CSHP) approach.
- ⇒ Designate a school health coordinator and maintain an active school health council.
- ⇒ Assess the school's health policies and programs and develop a plan for improvement.
- ⇒ Strengthen the school's nutrition and physical activity policies.
- ⇒ Implement a high-quality health promotion program for school staff.
- ⇒ Implement a high-quality course of study in health education.
- ⇒ Implement a high-quality course of study in physical education.
- ⇒ Increase opportunities for students to engage in physical activity.
- ⇒ Implement a quality school meals program.
- ⇒ Ensure that students have appealing, healthy choices in foods and beverages offered outside of the school meals program."

From Wechsler, H. et al. 2004. *The State Education Standard*, 5(2): 4-12, "The Obesity Epidemic: What Schools Can Do."



**Health Teachers!—Join the new Rhode Island Teachers of Health Listserv.** Simply go to <http://groups.yahoo.com/group/RITOH/> click "Join This Group!" & follow the instructions.







## Physical Education and Activity Promote Academic Achievement



*Professor Factoid*

Research has long shown that regular physical activity during childhood and adolescence promotes health. It helps build healthy bones and muscles, control weight, improve blood pressure and cholesterol, reduce stress, and increase self-esteem.<sup>1</sup> According to a new report by Action for Healthy Kids,<sup>2</sup> there is growing evidence that it also promotes academic achievement:

- Over 200 studies have shown that physical activity supports learning, at all ages;
- Two studies showed improvements on reading, writing, and math test scores in schools with intense physical activity programs – even with less classroom time in those subject areas;
- In California, students with higher levels of fitness had higher levels of achievement on the Stanford Achievement Test, Ninth Edition (SAT-9), particularly in math; and
- Another study showed that students in daily physical education had better attendance, attitudes toward school, and academic performance than their peers.

<sup>1</sup> U.S. Department of Health and Human Services. 1996. Physical Activity and Health: A Report of the Surgeon General. [www.cdc.gov/nccdphp/sgr/sgr.htm](http://www.cdc.gov/nccdphp/sgr/sgr.htm)

<sup>2</sup> Action for Healthy Kids. 2004. The Learning Connection: The Value of Nutrition and Physical Activity in Our Schools. [www.actionforhealthykids.org/docs/specialreports/LC%](http://www.actionforhealthykids.org/docs/specialreports/LC%20.pdf)

## RI Physical Education Framework

*By Jan Mermin, RIDE*

In 2003, Healthy Schools! Healthy Kids! published *The Rhode Island Physical Education Framework: Supporting Physically Active Lifestyles through Quality Physical Education*. This guide to developing and implementing a standards-based physical education curriculum was developed in part-

*"As a result of daily, high-quality physical education instruction from K-12, all students will have the knowledge and skills to lead a physically active lifestyle."*

nership with the Rhode Island Association for Health, Physical Education, Recreation, and Dance (RIAPERD).

The *RI Physical Education Framework* will be posted soon

on the RIDE website at [www.ridoe.net/standards/frameworks/](http://www.ridoe.net/standards/frameworks/) along with the health education, dance and other frameworks, which are already posted. The *RI PE Framework* is also on the RIAHPERD website at [www.riahperd.org/peframeworks.html](http://www.riahperd.org/peframeworks.html)

Printed copies of the *Framework* are available through the Department of Education; please contact Marj Degnan at 222-4600 x2366 or [Marjorie.Degnan@ride.ri.gov](mailto:Marjorie.Degnan@ride.ri.gov). The standards will also be covered in the upcoming *HS! HK! e-Academy* professional development program *High-Quality PE—Using the RI PE Framework* (see *e-Academy*, p. 6).

## School Health Resources

### Physical Activity & Nutrition

United States Department of Agriculture  
*Dietary Guidelines for Americans*  
[www.healthierus.gov/dietaryguidelines/](http://www.healthierus.gov/dietaryguidelines/)

US Department of Agriculture/Team Nutrition  
*Local Wellness Policy pages*  
[www.fns.usda.gov/tn/Healthy/wellnesspolicy.html](http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html)

National Alliance for Nutrition and Activity  
*Model School Wellness Policies*  
[www.schoolwellnesspolicies.org](http://www.schoolwellnesspolicies.org)

Centers for Disease Control and Prevention  
*Success in Schools: Making It Happen*  
[www.cdc.gov/HealthyYouth/nutrition/Making-It-Happen/](http://www.cdc.gov/HealthyYouth/nutrition/Making-It-Happen/)

National Assoc. for Sport & Physical Education  
*Appropriate Practices in Physical Education series*  
[www.aahperd.org/naspe/template.cfm?template=peappropriatepractice/index.html](http://www.aahperd.org/naspe/template.cfm?template=peappropriatepractice/index.html)

### Diabetes

National Diabetes Education Program  
*Helping the Student with Diabetes Succeed: A Guide for School Personnel*  
[www.ndep.nih.gov/resources/school.htm](http://www.ndep.nih.gov/resources/school.htm)

American Diabetes Association  
School Walk for Diabetes—Requires no special equipment or training and can take place anytime throughout the school year. Event materials & information about diet & exercise provided.  
Call 1-888-342-2383 x3470

### Tobacco

Rhode Island Student Assistance Services in coordination with the RI Dept. of Health Provides information and assistance with implementing model curricula and strengthening tobacco policies in all Rhode Island districts.  
Contact Laura (Bucklin) Hosley 738-3472 or [lbucklin@rieas.com](mailto:lbucklin@rieas.com)

### Social & Emotional Learning

Paul Bueno de Mesquita, Ph.D. with RI Technical Assistance Project, URI, RIC, & RIDE  
*Educating for Character & Social Emotional Competency: Higher Education Faculty Resource Guide*  
[www.ritap.org/current/project\\_areas/sel.htm](http://www.ritap.org/current/project_areas/sel.htm)

Related RI data are at [www.infoworks.ride.uri.edu](http://www.infoworks.ride.uri.edu)  
Click on "Students' Point of View"



## Healthy Schools! Healthy Kids! e-Academy

By Midge Sabatini, RIDE

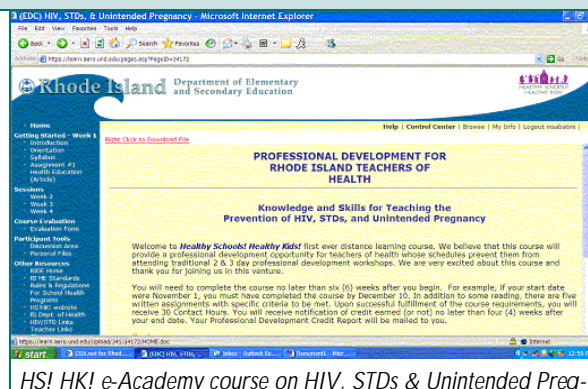
The Rhode Island Department of Education has launched the *Healthy Schools! Healthy Kids! e-Academy*, to enhance flexibility and facilitate participation in professional development opportunities for Rhode Island teachers of health.

### HIV/STD/Unintended Pregnancy

The first course—*Knowledge and Skills for Teaching the Prevention of HIV, STDs, and Unintended Pregnancy*—was run this winter and again in the spring. This free 5-week *HS! HK! e-Academy* program will be offered again June 27–July 31. It is open to all RI teachers of health (HE, HE/PE, school nurse teachers, and others who teach health). Participants will learn the latest information, find new resources, and gain the skills necessary to teach the prevention of these communicable diseases and unintended pregnancies.

### Tobacco, Physical Education, and More

In partnership with RIEAP Student Assistance Services, the *HS! HK! e-Academy* is currently offering *Preventing & Stopping Youth from Using Tobacco: Promising Curricula & Other Strategies* May 9–June 12, 2005. This course will be offered again in the summer and/or fall. The *HS! HK! e-Academy* will also offer *High Quality PE—Using the RI PE Framework* beginning June 27, 2005. This course is open to all RI PE teachers. Other opportunities are being developed for the *HS! HK! e-Academy*,



*HS! HK! e-Academy course on HIV, STDs & Unintended Preg-*

including full-length programs and mini-courses on such topics as Nutrition, Health Education Standards, and more.

- ✓ No registration fee!
- ✓ Open to all RI teachers of Health
- ✓ Earn contact hours upon successful course completion!
- ✓ Must have computer with Internet and MS Office

To register, contact Marj Degnan at 222-4600 x2366 or Marjorie.Degnan@ride.ri.gov. For additional information, please contact Midge Sabatini at 222-4600 x2210 or Midge.Sabatini@ride.ri.gov or Jan Mermin at 222-4600 x2368 or jan.mermin@ride.ri.gov.

## 21st Century Community Learning Centers

By George McDonough, RIDE

The purpose of the 21st Century Community Learning Centers (CLC) Program is to create community-learning centers that provide students with academic enrichment opportunities and additional activities designed to complement their regular academic program. 21st Century CLCs are located in elementary, middle and high schools and at community-based organizations. They provide a range of high-quality services to support student learning and development, including tutoring and mentoring, homework help, academic enrichment, community service opportunities, as well as music, arts, sports and cultural activities. At the same time, CLCs are helping working parents by providing a safe environment for students when school is not in session.

The vision of Community Learning Centers is far more than being after school programs. While an after school program may be the organizing structure, CLCs should evolve into multi-service entities. They can provide not only 'extra learning opportunities' for students but also additional educational, social, health, and recreational services for students, families, and members of the school community. Only by building enduring links throughout the community that rein-

force the connection between the school and the community, can a CLC reach its full potential. A fully developed CLC will provide unique opportunities for learning, foster broad parent and community involvement in the school, and develop strong financial, public and political support. This is the greater purpose of a Community Learning Center.

The Office of School Improvement and Support Services, in the Rhode Island Department of Education, has administered the program for the past three years. Funding for the program has increased during that time from \$1.5 million dollars in FY 02-03 to \$4.9 million dollars in FY 04–05. There are now fifteen 21st Century Community Learning Centers in Rhode Island.

Community-based organizations, faith-based organizations and other public or private organizations, or a consortium of two or more agencies, are all eligible to apply in partnership with a Lead Education Agency or non-public school to the 21st Century Community Learning Centers program. For more information or for a list of the 21st CCLC program grantees in RI, please contact George McDonough at 222-4600 x2372 or George.McDonough@ride.ri.gov.



## Healthy Rhode Island 2010

By Rosemary Reilly-Chammat, HEALTH



Healthy Rhode Island 2010 is the Rhode Island Department of Health's version of the national Healthy People 2010 initiative. This initiative monitors Rhode Island's progress in ten health areas, called leading health indicators. These are:

physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization and access to health care. The Healthy People 2010 agenda has two overarching goals:

1. Increase quality and years of healthy life, and
2. Eliminate health disparities.

### Schools play a major role in these health issues

Health and education are closely related. Children who are healthy are better prepared to learn, tend to perform better in school, and are more likely to graduate. Conversely, high

school graduation is a major predictor of good health outcomes for adults. In fact, increasing the graduation rate is an official health objective of Healthy People 2010. "In general, population groups that suffer the worst health status also are those that have the highest poverty rates and the least education. Differences in income and education levels are associated with differences in the occurrence of illness and health, including heart disease, diabetes, obesity, elevated blood lead level and low birth weight."<sup>1</sup>



Healthy Rhode Island 2010 Banners

For more information, including data, banners to promote healthy behaviors, and other information please call JoAnna Williams at 222-7899 or go to [www.health.ri.gov/hri2010](http://www.health.ri.gov/hri2010).

<sup>1</sup> Healthy People 2010: Understanding & Improving Health. U.S. Dept. of Health & Human Svcs.

## 2003 Youth Risk Behavior Survey Results:

### How Rhode Island Schools Can Use Survey Data to Create A Healthy Environment for Kids

By Rosemary Reilly-Chammat, HEALTH

Available now!

The Rhode Island Departments of Health and Education have released a report identifying key health behavior trends of Rhode

1. Tobacco Use;
2. Physical Activity and Nutrition;
3. Alcohol and Other Drugs;
4. Sexual Behaviors; and
5. Injury.

Island's high school student population. *2003 Youth Risk Behavior Survey Results: How Rhode Island Schools Can Use Survey Data to Create A Healthy Environment for Kids* includes:

- An overview of how to use the Youth Risk Behavior Survey (YRBS) to address health trends in schools;
- Key findings from the latest survey conducted in 2003, including trends in health risk behaviors among Rhode Island high school students;
- Best practices in addressing health risks in schools; and
- Local examples of school and community programs to reduce health risks among students.

The report includes separate inserts, which can be used alone or together, on five major topics:

The YRBS is a national survey administered by the Centers for Disease Prevention and Control. Before the 1990s, reliable health risk prevalence data for young people were not available. Using data from the YRBS, we are now able to look at a range of behavior trends related to the healthy development of youth. This information can help parents, schools and communities more effectively design health programs to support healthy behaviors and academic achievement. Positive choices need to be promoted before unhealthy behaviors are initiated or become ingrained.

For additional copies of the report, please contact Rosemary Reilly-Chammat at [Rosemary@doh.state.ri.us](mailto:Rosemary@doh.state.ri.us) or 222-5922 or visit the Department of Health website, [www.health.ri.gov](http://www.health.ri.gov).



## SCHOOL HEALTH CHRONICLE

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Rhode Island Department of Health

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The *School Health Chronicle* is  
on the web at  
[www.ridoe.net/child\\_family/](http://www.ridoe.net/child_family/)

Nutrition • Physical Education and Activity • Health Education • Health Services • Counseling, Psychological and Social Services • Healthy School Environment • Health Promotion or Staff • Family and Community Involvement

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#### **Healthy Schools! Healthy Kids!**

Coordinated School Health is a joint initiative of the RI Department of Education and the RI Department of Health, supported by a grant from the Centers for Disease Control and Prevention. For information about *Healthy Schools! Healthy Kids!* please contact:

RI Department of Education  
255 Westminster Street  
Providence, RI 02903  
(401) 222-4600 Ext. 2364

RI Department of Health  
3 Capitol Hill, Room 408  
Providence, RI 02908  
(401) 222-5922

Hearing/Speech Impaired: (800) 745-5555 (Relay RI/TTY)

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## SCHOOL HEALTH REGULATIONS UPDATE

The *Rules and Regulations for School Health Programs* have just undergone their annual review process. A number of changes were necessary to ensure alignment with current statutes, to promote best practices, or to address emerging issues. The two areas of significant change relate to hearing screenings and diabetes care management. First, the hearing screening protocols are now better aligned with the RI School for the Deaf services currently provided to schools.

Second, a new section has been added to the document that requires schools to develop policies that ensure safety and promote self-management for children diagnosed with diabetes. This includes allowing children to have snacks, water, bathroom and self-testing privileges in the classroom and ensuring that each child diagnosed with diabetes has an individual health care plan and an emergency care plan.

A public hearing is scheduled for May 31, 2005, 3:30 PM, Department of Health, Auditorium. The new regulations will be posted on the state website for regulations as soon as they are officially filed with the Secretary of State's office.

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